

DATE:	4/14/05		
TO:	City Clerk		
FROM:	Representative Susan Austin		
ADDRESS		TELEPHONE	541-4886
Please place the following item on the (Check one):			
CONSENT		<input checked="" type="checkbox"/>	REGULAR
Agenda for the Council Meeting of April 19, 2005			
Item should read as follows: BOARD REAPPOINTMENT: Olivia Chavez. To the City Accessibility Advisory Committee (Representative Susan Austin, District 1, 541-4886).			
SPECIAL INSTRUCTIONS:			
Item No.			

BOARD COMMITTEE/COMMISSION APPOINTMENT/REAPPOINTMENT FORM

NAME OF BOARD/COMMITTEE/COMMISSION:	City Accessibility Advisory Committee		
NOMINATED BY:	Representative Susan Austin	DISTRICT:	1
NAME OF APPOINTEE	Olivia Chavez		
	(Please verify correct spelling of name)		
BUSINESS ADDRESS:			
CITY:	ST:	ZIP:	PHONE:
HOME ADDRESS:			
CITY:	ST:	ZIP:	PHONE:

WHO WAS THE LAST PERSON TO HAVE HELD THIS POSITION BEFORE IT BECAME VACANT?

Olivia Chavez (Schonberger)

REASON PERSON IS NO LONGER IN OFFICE (CHECK ONE):	TERM EXPIRED:	<input checked="" type="checkbox"/>
	RESIGNED	<input type="checkbox"/>
	REMOVED	<input type="checkbox"/>
	OTHER (SPECIFY):	
EXPIRATION DATE OF INCUMBENT:	3/05	
EXPIRATION DATE OF NEW APPOINTEE:	4/07	
PLEASE CHECK ONE OF THE FOLLOWING:	1 <sup>st</sup> TERM:	<input type="checkbox"/>
	2 <sup>nd</sup> TERM	<input checked="" type="checkbox"/>
	UNEXPIRED TERM:	<input type="checkbox"/>
	OTHER	<input type="checkbox"/>